as a Nodal Agency in giving guidance for prevention and control of Leptospirosis. It also assists in Training Programmes for medical personnel at State and District levels.

The following steps have been taken by the State Government:-

1. Strengthening of surveillance activities for early detection of cases and prompt treatment to avoid serious forms and to reduce mortality.

2. Creation of treatment facilities at the local level Hospitals for proper case management.

3. Training Workshop for all medical persons, particularly Medical Officers and Superintendents of Hospitals, Professors of Medical Colleges of Vadodara and Surat alongwith District Agriculture Officers and Veterinary Officers was arranged.

4. Ten days training of Paediatricians Physicians and Suptdts. of Hospitals was executed at Kidney Institute, Ahmedabad for treatment of cases at District and sub-district level hospitals.

5. State level inter-sectoral coordination meeting was held, and action plans for State and Districts were prepared for prevention and control of Leptospirosis.

6. State Government have also carried out house to house Survey, in two Districts during the epidemic season.

7. Rodent control activities have also been initiated as per the State Government's action plan.

8. Dissemination of Health Education Material has been undertaken, and Health Camps have been organised.

Decentralisation of Health Care Services for Pensioners under CGHS

344. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Government had issued an order on 18th September, 1996 announcing the decentralisation of health care services for pensioners covered under CGHS enabling them to receive medical care near home, rather than at a handful of designated hospitals and dispensaries;

(b) whether Government subsequently cancelled that order;

(c) if so, the reasons for withdrawing the Order; and

(d) the steps taken to permit the pensioners to take treatment from hospitals and dispensaries of their choice and footing the bills by the Government?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI). (a) Yes, Sir.

(b) No, Sir.

(c) The question does not arise.

(d) The CGHS Pensioners, after the initial advice obtained from a CGHS/Government Specialist, a "permission letter" for treatment is issued by the CMO Incharge of the concerned CGHS Dispensary. In case of medical emergency, the CMO Incharge if the concerned CGHS Dispensary may directly (*i.e.* even before Specialist's advice has been obtained) refer the CGHS Pensioners to a private recognised Hospital for further management/treatment after recording the details thereof in writing. The reimbursement procedure has also been streamlined in the CGHS Directorate.

Quality control on Mineral Water

345. SHRI K.M. SAIFULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any mandatory Government control in any form on the quality of mineral water sold in the market;

(b) whether Government are aware that many brand of spurious mineral water have entered the market all over the country; and

(c) whether any steps are proposed to be taken to protect the people from this new health hazard and fraud?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) Standards of Mineral Water have been laid down under the provisions of the Prevention of Food Adulteration Act (PFA Act), 1954 and

Rules 1955. The Food Health Authorities of States/UTs administering the provisions of the PFA Act have been urged to keep a vigil on the quality of Mineral Water sold in the market.

No specific complaint regarding marketing of spurious Mineral Water has been received by the Govt. from the Food Health Authorities of States/UTs administering the PFA Act, 1954 and Rules 1955.

Reduction in child mortality rate in Bihar

346. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that child mortality rate in Bihar has not declined particularly in its rural areas despite best efforts of Central and State Government;

(b) if so, the details thereof and reasons for such a situation whereas the child mortality rate has considerably declined in other States; and

(c) remedial measures Government propose to take to reduce child mortality rate in Bihar?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) As per information available through Sample Registration System of the Registrar General of India, the Child (0-4 years) Mortality Rate in Rural Areas of Bihar has declined from 39.4 in 1988 to 28.9 in 1995. Major causes of Child Mortality include diarrhoeal diseases, acute respiratory infections and malnutrition. Contributory factors include low literacy level, inadequate sanitation and lack of safe drinking water and low rate of utilisation of Medical Services.

(c) To bring down child mortality, intervention like Immunization; Control of diarrhoeal diseases and acute respiratory infections; essential newborn care; and prophylaxis against Iron and Vitamin A deficiencies are being implemented in Bihar as part of the Reproductive and Child Health Programme. The Programme also aims at improving utilisation through upgrading the quality of medical services.

New Exam Centres for Medical Entrance Test in Kerala

347. SHRI VAYALAR RAVI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have received any representation for new exam centres in Kerala for medical entrance test;

(b) if so, what is the action taken in this regard;

(c) total students appeared in the last medical entrance test in the country; and

(d) State-wise details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT AZHILMALAI): (a) Yes, Sir.

(b) All India Pre-Medical/Pre-Dental Entrance Examination is being conducted by the Central Board of Secondary Education as per the directives of the Supreme Court of India. This Examination is conducted in all State Capitals except in Maharashtra where the examination is conducted at Nagpur, in addition to Mumbai. Addition of new Centres at places like Kochi and Kozhikode in Kerala was considered by Central Board of Secondary Education. Since the Centres are fixed in State/UT Capitals only, CBSE has not acceded to the request.

(c) In 1997, 1,40,112 candidates appeared for the All India Pre-Medical/Pre-Dental Entrance Examination.

(d) The State-wise break-up of the candidates who appeared in the All India Pre-Medical/Pre-Dental Entrance Examination, 1997 is in the attached Statement.

Statement

State-wise Break up of the Candidates appeared at AIPMT, 1997

S. No.	State/union Territory	No. of Candidates Appeared
1.	Andaman & Nicobar Islands	78
2.	Arunachal Pradesh	151
3.	Assam	1201